



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FILED

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Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

FOR OFFICIAL USE ONLY  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

3. This Statement covers From: <u>Mo</u> <u>Day</u> <u>Year</u> to <u>Mo</u> <u>Day</u> <u>Year</u>		
4. Candidate Last Name <b>CALECA</b>	First Name <b>Anthony</b>	M.I. <b>J</b>
4a. Office Sought Including District # or Community Served (If applicable) <b>COUNTY COMMISSIONER DISTRICT 16</b>		
4b. County of Residence <b>MACOMB</b>		
6. Treasurer's Name & Residential Address <b>Lisa M. Caleca</b> <b>2140 Gardner</b> <b>Berkeley, MI 48072</b>		
Area Code & Phone <b>(248) 635-7477</b>		
7. Treasurer's Business Address <b>2741 Research Drive</b> <b>Rochester Hills, MI</b>		
Area Code and Phone <b>(248) 299-7687</b>		
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)		
Area Code and Phone ( )		

9. TYPE OF STATEMENT		9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)
9a. <input type="checkbox"/> Pre-Election	OR	9b. <input checked="" type="checkbox"/> Post-Election
Pre-Election or Post-Election Statement relates to:		9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	9e. <input type="checkbox"/> Dissolution of Candidate Committee
<input type="checkbox"/> Convention	<input type="checkbox"/> School	Effective Date of Dissolution
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus	Month Day Year
Date of Election, Convention or Caucus <u>8</u> <u>3</u> <u>04</u> Month Day Year		By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper <b>Lisa M. Caleca</b>	<b>Lisa M. Caleca</b>	Date <b>9-8-04</b>
Type or Print Name	Signature	Mo Day Year
Candidate <b>Anthony J. Caleca</b>	<b>Anthony J. Caleca</b>	Date <b>9-8-04</b>
Type or Print Name	Signature	Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137357  
2. Committee Name TONY COLE FOR County Comm.

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1955</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$ <u>1955</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>1955</u>	(20.) \$ <u>1955</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>2084.26</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>2,084.26</u>	(23.) \$ <u>2084.26</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>300</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>1,799.14</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1955</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>3,754.14</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>2,084.26</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1669.88</u> *	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137357

2. Committee Name Tony Caleca For County Comm.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7-20-04</u> Name: <u>George Buhalis</u> Address: <u>2075 W Big Beaver Troy MI 48064</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7-20-04</u> Name: <u>Tim Brice</u> <u>39577 N Woodward Ave</u> Address: <u>Bloomfield Hills Mich. 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Money Mgr.</u> Employer <u>Merrill Lynch</u> Business Address <u>Same as above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200	
3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7-20-04</u> Name: <u>Ken Brice</u> Address: <u>39577 N Woodward Ave.</u> <u>Bloomfield Hills MI 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100	
3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7-20-04</u> Name: <u>Dennis Tomlinson</u> Address: <u>39267 Sunderland Clinton Twp 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		80	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		480	

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137357

2. Committee Name Tony Caleca For Court Comm.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-22-04</u> Name: <u>Susan Doherty</u> Address: <u>31746 Gloria Ct. Warren MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		35	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7-23-04</u> Name: <u>MEG</u> Address: <u>38550 Garfield Suite B. Clinton Twp 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200	
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7-23-04</u> Name: <u>Plumbers Local 98</u> Address: <u>555 Horace Brown Dr. Madison Heights MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-25-04</u> Name: <u>Nancy White</u> Address: <u>37337 Tall Oaks Dr. Clinton Twp 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		485	

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137 357

2. Committee Name \_\_\_\_\_

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-25-04</u> Name: <u>Betty M. Slinde</u> Address: <u>26740 Robert's Roseville Mi 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		40	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7-29-04</u> Name: <u>Boikermakers 169</u> Address: <u>15936 Chase Dearborn 48126</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500	
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7-30-04</u> Name: <u>Steve Saph JR</u> Address: <u>44 Macomb Place P.O. Box 46907 48046</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Ins.</u> Employer <u>Nikel &amp; Saph</u> Business Address <u>Same as above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-04-04</u> Name: <u>Dave Brown</u> Address: <u>24280 Wahl Warren Mi 48089</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Bus own.</u> Employer <u>Metal Services</u> Business Address <u>Same</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		250	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		990	
		1955	

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 137357

2. Committee Name Tony Coleco For Count Comm.

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Lit.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-22</u>	<u>164.51</u>
Expenditure #2 Name <u>Postmaster</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<del>7-22</del> <u>7-27</u>	<u>714.84</u>
Expenditure #3 Name <u>Sawicki + Sons</u> Address <u>1531 W. Lafayette</u> <u>Detroit 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Pencils</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<del>4-7-05</del> <u>8-2</u>	<u>479.65</u>
Expenditure #4 Name <u>Sawicki + Sons</u> <u>1531 West Lafayette</u> Address <u>Detroit 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-13</u>	<u>529.36</u>
Expenditure #5 Name <u>Practical Pol. Consulting</u> Address <u>220 Albert Ave</u> <u>P.O. Box 6245 East Lansing</u> <u>48826</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Voter List</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-19</u>	<u>195.90</u>

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

2084.26

2084.26

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 137357  
2. Committee Name Tony Galeca For County Comm

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Anthony J Galeca</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>5-14-04</u> 6. Original Amount of Debt: \$	<u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$	\$ <u>0</u>	\$ <u>300</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: <u>          </u> 5. Date Debt Was Incurred: <u>          </u> 6. Original Amount of Debt: \$ <u>          </u>	<u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$	\$ <u>          </u>	<u>          </u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: <u>          </u> 5. Date Debt Was Incurred: <u>          </u> 6. Original Amount of Debt: \$ <u>          </u>	<u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$ <u>   </u> / <u>   </u> / <u>   </u> \$	\$ <u>          </u>	<u>          </u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

<u>300</u>
<u>300</u>

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page        of